

STATE OF NEBRASKA FORM NO. CC 6:1A 08/2007 Rev.	<b>FINANCIAL AFFIDAVIT</b>	CASE NUMBER
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IN THE COUNTY COURT OF \_\_\_\_\_ COUNTY, NEBRASKA

\_\_\_\_\_  
Plaintiff

## FINANCIAL AFFIDAVIT

VS.

\_\_\_\_\_  
Defendant

### I hereby swear that by reason of poverty:

- ☐ I am unable to pay the docket fee, cost bond, and other costs of appeal, and I believe I am entitled to redress.  
☐ I am unable to afford counsel to represent me in this proceeding.  
☐ I am unable to pay the judgment assessed against me; I wish to apply for time in which to pay such judgment.  
The nature of this action, defense or appeal is: \_\_\_\_\_

### I hereby submit the following financial affidavit.

I. **Employer:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
Length of employment: \_\_\_\_\_ If unemployed, state reason, physical or otherwise, why you cannot be employed: \_\_\_\_\_

II. <b>Income (Monthly)</b>	<b>Self</b>	<b>Spouse</b>
A. Wages	\$ _____	\$ _____
B. Welfare	\$ _____	\$ _____
C. Unemployment	\$ _____	\$ _____
D. Parents	\$ _____	\$ _____
E. Other	\$ _____	\$ _____

III. <b>Family Assets</b>		
A. Cash on Hand	\$ _____	F. Rentals \$ _____
B. Bank Accounts	\$ _____	G. Tools \$ _____
C. Automobiles	\$ _____	H. Equipment \$ _____
D. Real Estate	\$ _____	I. Jewelry \$ _____
E. Securities, Stocks, Bonds	\$ _____	J. Other \$ _____

IV. **Marital Status:** ☐ Single ☐ Married ☐ Divorced ☐ Widowed

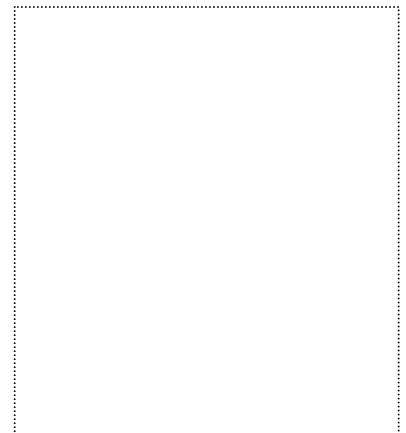
Name of Spouse: \_\_\_\_\_

Number of children you are supporting and their ages: \_\_\_\_\_

V. <b>Debts</b> (continue on back, if needed)	<b>Monthly Expenses</b> (continue on back, if needed)
A. _____ \$ _____	A. _____ \$ _____
B. _____ \$ _____	B. _____ \$ _____
C. _____ \$ _____	C. _____ \$ _____
D. _____ \$ _____	D. _____ \$ _____

VI. **Education Completed:** \_\_\_\_\_

Continued on reverse



**I swear, or affirm, under penalty of perjury, that the foregoing financial affidavit is true and hereby request the following:**

- ☐ Waiver of payment of docket fee, cost bond and other costs of appeal.
- ☐ Appointment of counsel to represent me in this proceeding.
- ☐ Additional time in which to pay the judgment assessed against me.

DATE:\_\_\_\_\_ DEFENDANT:\_\_\_\_\_

ADDRESS:\_\_\_\_\_

PHONE NUMBER:\_\_\_\_\_ D.O.B.\_\_\_\_\_

SUBSCRIBED AND SWORN TO BEFORE ME:\_\_\_\_\_